

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISS FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

07/01/2004

JONATHAN D. BASKIN
 EDWARDS & ANGELL, LLP
 P.O. BOX 9169
 BOSTON, MA 02209



Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Deanna M. Rivernider

(Depositor's name)

Deanna M. Rivernider

(Signature)

September 28, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/990,509	11/21/2001	Dan A. Steinberg	ACT-169(51955)	3384

TITLE OF INVENTION: OPTICAL DEVICE PACKAGE HAVING A CONFIGURED FRAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	10/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
STAHL, MICHAEL J	2874	385-092000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jonathan D. Baskin

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Shipley Company, L.L.C.

Marlborough, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 04-1105 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

09/28/2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.


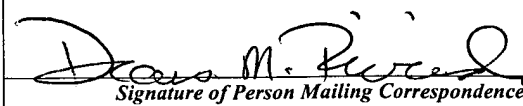
10/06/2004 MAHME2 00000034 09990509

01 FC:1501

1330.00 DP

02 FC:8001

30.00 DP

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311)				Docket No. 51955 (ACT-169)	
Applicant(s): Steinberg et al.					
Serial No. 09/990,509	Filing Date 11/21/2001	Examiner Michael J. Stahl	Group Art Unit 2874	Confirmation No. 3384	
Invention: OPTICAL DEVICE PACKAGE HAVING A CONFIGURED FRAME					
<u>Mail Stop Issue Fee</u> TO THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith are the following for the above-identified application.					
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85					
<input checked="" type="checkbox"/> Utility Fee: <u>\$ 1330.00</u> <input type="checkbox"/> Design Fee: _____ <input type="checkbox"/> Plant Fee: _____					
<input type="checkbox"/> Publication Fee: _____					
<input checked="" type="checkbox"/> A check in the amount of \$1,360.00 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below.					
<input type="checkbox"/> Charge the amount of					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional fee required.					
 Signature			Dated: 09/28/2004		
Jonathan D. Baskin (Reg. No. 39,499) EDWARDS & ANGELL, LLP P.O. Box 55874 Boston, MA 02205 (508) 787-4766					
CC:					
Certificate of Transmission by Facsimile This certificate may only be used if paying by deposit account.			Certificate of Mailing by First Class Mail		
I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States and Trademark Office (Fax _____) on _____ Date _____ Signature _____ Typed or Printed Name of Person Signing Certificate			I certify that this document and fee is being deposited 09/28/2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Signature of Person Mailing Correspondence Deanna M. Rivernider Typed or Printed Name of Person Mailing Correspondence		